

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 022 ****61.25

DOCUMENT # 756750

1. Entity Name

THE WINNER'S MITE CHARITABLE CORPORATION OF
FLORIDA, INC.



Principal Place of Business

825 E. ALTAMONTE DRIVE
S.R. 436
ALTAMONTE SPRINGS FL 32701-5001

Mailing Address

825 E. ALTAMONTE DRIVE
S.R. 436
ALTAMONTE SPRINGS FL 32701-5001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2073078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOENECK, ALBERT W
316 CAMBRIDGE DR
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
DICKMAN, DAVID A
Street Address (P.O. Box Number is Not Acceptable)
1192 LADY SUSAN DR
City
CASSELBERRY FL Zip Code
32707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David A. Dickman

David A. Dickman

3/13/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	GOOSEMAN, MARY E	
STREET ADDRESS	227 DEBORA CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHOENECK, SANDY	
STREET ADDRESS	316 CAMBRIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHOENECK, ALBERT W	
STREET ADDRESS	316 CAMBRIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLINGER, ED	
STREET ADDRESS	959 CITRUS WOOD CT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DICKMAN, DAVID A	
STREET ADDRESS	1192 LADY SUSAN DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARKS, MARY	
STREET ADDRESS	3048 YOTHERS RD	
CITY-ST-ZIP	APOPKA FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKMAN, DAVID A	
STREET ADDRESS	1192 LADY SUSAN DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WALTER	
STREET ADDRESS	2609 CHINOOK TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary E. Gooseman

Mary E. Gooseman

3/13/06

407-339-3622